

Application for Advanced Placement (AP) Expansion Program

Section I: Cover Sheet

System: _____ School _____

School Address: Street _____ City _____ Zip _____

Contact Person for AP Program _____ Telephone _____

School Telephone: _____ Fax _____

Course Information

AP Course(s) to be implemented:

Poverty Information

(a) Free & Reduced (F&R) Lunch Percentage (Grades 9-12) _____

(b) F&R Lunch Percentage (Feeder School(s))

Feeder School	Percent Free and Reduced Lunch	Percent of high school population coming from this school

Need for Course(s)

Please attach a brief explanation of the need for the course(s) in your school with reference to the need to provide services to low income (or otherwise underserved students) and/or to expand your AP program in general. (Maximum: 1 page double spaced)

Funding Request

Expansion Funding Requested (Total of Sections II, III, IV and/or V) _____

Assurances

In submitting this application, the school commits to

1. implement AP courses within one year following the initial training of the AP teacher;
2. make any necessary scheduling adjustments to support AP courses;
3. provide new AP teachers with the time and resources they will need to implement courses;
4. identify an AP site coordinator;
5. support communication among vertical teams of teachers in grades 6-12 for each discipline;
6. purchase consumables needed for AP courses such as courses in biology;
7. provide an annual report to the SDE showing the number of low-income children enrolled in AP courses and the number who complete the exam; and
8. conduct activities (including parent information activities) and provide support mechanisms to encourage children to enroll in the course(s) and complete the exam.

Principal

Date

Section II: AP Coursework or Professional Development

(A) Teacher Information

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Telephone _____ E-mail _____

School _____ School Telephone _____

(B) Course or Professional Development Specifics

1. Name of Course Requested _____

Course Provider (College or University) _____

City _____ State _____

Dates of Course From _____ To _____

2. Apex Learning's Professional Development and 2-Year Access to ***ClassTools for AP***

Name of ***ClassTools for AP*** Course Requested

(c) Expense Estimate Worksheet

1. Tuition and Board for Coursework (if board is included) _____

2. Prof. Dev./2-year Access to ***ClassTools for AP*** (\$950 per course) _____

3. Meal Estimate* (if board is not included) _____

Subtotal _____

*If you are commuting, you are ineligible for meal reimbursement

Example of meal calculation:	Day 1	(Travel)	\$22.50
	Day 2	(Course)	\$30.00
	Day 3	(Travel)	\$22.50
	Total		\$75.00

4. Travel (If you are traveling by car, multiply the number of miles by \$.32. If you are traveling by air, insert the air fare and up to \$50.00 for ground transportation to your course site.)

Mileage Estimate _____ (miles @ \$.32) _____

Air Fare _____

Ground Transportation _____

Subtotal _____

5. Instructional Supplies (for course implementation) \$250.00

6. Teacher Stipend (Maximum \$500 @ \$100/day) _____

7. Parent Outreach Meetings (LEA maximum \$2000) _____

Total	
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Section V: Vertical Teaming (Page 1 of 2)**(a) Teams**

High School	Middle School
School _____	School _____
Address _____	Address _____
City _____ Zip _____	City _____ Zip _____
School Tel _____ Fax _____	School Tel _____ Fax _____
Teacher _____	Teacher _____
Home Address _____	Home Address _____
City _____ Zip _____	City _____ Zip _____
Telephone: Home _____ School _____	Telephone: Home _____ School _____
E-mail _____	E-mail _____
AP Course Taught/Discipline _____	Grade Level/Discipline) _____

High School	Middle School
School _____	School _____
Address _____	Address _____
City _____ Zip _____	City _____ Zip _____
School Tel _____ Fax _____	School Tel _____ Fax _____
Teacher _____	Teacher _____
Home Address _____	Home Address _____
City _____ Zip _____	City _____ Zip _____
Telephone: Home _____ School _____	Telephone: Home _____ School _____
E-mail _____	E-mail _____
AP Course Taught/Discipline _____	Grade Level/Discipline) _____

(add sheets as necessary)

Section V: Vertical Teaming (page 2 of 2)

(b) Expense Estimate Worksheet

		No. of Teachers	Total
1. Tuition and Board (if board is included)	_____	x _____	= _____
2. Meal Estimate (if board is not included)	_____	x _____	= _____

***If you are commuting, you are ineligible for meal reimbursement**

Example of meal calculation:	Day 1 (Travel) \$22.50
	Day 2 (Course) \$30.00
	Day 3 (Travel) \$22.50
	Total \$75.00

3. Travel (If you are traveling by car, multiply the number of miles by \$.32. If you are traveling by air, insert the air fare and up to \$50.00 for ground transportation to your course site.)

	No. of Teachers	Total
Mileage Estimate _____ miles @ .32	x _____	= _____
Air Fare	x _____	= _____
Ground Transportation (\$50 maximum)	x _____	= _____
Teacher Stipend (Maximum \$500 @ \$100/day)	x _____	= _____
Middle School Teacher Professional Development (Maximum \$1000)	x _____	= _____

Total

Reimbursement requirements

1. Original tuition, board and taxi receipts are required for reimbursement.
2. Proof of purchase of airline ticket is required for reimbursement

Budget – Maximum per item

Teacher Stipend	\$100/day up to 5 days per teacher
Tuition and Travel	\$600 per teacher
Parent Outreach	\$2000 per LEA
Professional Development	
Middle School Teachers	\$1000 per teacher

If you have questions concerning the Expansion Grant or the application process please contact Mike Copas at (615) 532-2491 or Mike.Copas@state.tn.us

Please fax application(s) to his attention at (615) 532-8536